

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

83a

6498

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....*St. Mary's*  
 City or town.....*Leonardtown Maryland*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....*40 years*  
 Hospital, institution, or street address where death occurred:  
*Leonardtown Maryland*  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....*Maryland* County.....*St. Mary's*  
 City or town.....*Leonardtown*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

*Mary Elizabeth Butler*

## 3. (b) Social Security Number

4. Sex.....*Female* 5. Color or race.....*Colored* 6. (a) Single, married, widowed, or divorced.....*Widowed*  
 6. (b) Name of husband or wife.....*Isiah Butler*  
 7. Birth date of deceased (mo., day, yr.).....*Nov 1 - 1878* 8. (c) If alive, give age..... years  
 8. AGE: Years.....*69* Months.....*7* Days.....*29* If less than one day..... hrs. .... min.

9. Birthplace.....*Bryantown Charles Maryland*  
 (Town, county, and state)

10. Usual occupation.....*Home wife*

11. Industry or business.....*same*

12. Name.....*Joseph Sweetney*

13. Birthplace.....*Charles Co*

14. Maiden name.....*Matilda Gates*

15. Birthplace.....*Charles Co*

16. Informant.....*Savell A Brown*

Address.....*Leonardtown Md*

17. (Burial, cremation, or removal. Which?).....*Burial* Date thereof.....*July 2 - 1948*  
 (month) (day) (year)

Cemetery or crematory.....*St. Mary's cemetery*

Location.....*Bryantown Maryland*

18. Funeral director.....*W C Mattingly Sons*

Address.....*Leonardtown Maryland*

19. *6/30/48* Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....*June 29* 19*48* at *4:03 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 18* to *June 29* 19*48*

and that I last saw her alive on *June 29* 19*48*

Immediate cause of death.....*Cerebral Hemorrhage* DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*Frank A. Casals* M. D. or other

Address.....*Leonardtown* Date signed.....*6/30/48*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6499

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 hours  
 Hospital, institution, or street address where death occurred:  
St. Mary's Hospital Leonardtown Md.  
 How long in hospital or institution? 8 hours

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Valley Lee  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Louis Campbell

## 3. (b) Social Security Number

4. Sex Male 5. Color or race Color 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Maudie Campbell  
 6. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) June 13 - 1885  
 8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. 1985 min. \_\_\_\_\_

9. Birthplace Valley Lee St. Mary's Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Richard Campbell  
 13. Birthplace St. Mary's Co  
 14. Maiden name Ellen Carroll  
 15. Birthplace St. Mary's Co

16. Informant Mrs. Helen Dickens  
 Address Piney Point Maryland

17. Buried Date thereof June 17 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Yvonne Cemetery  
 Location Valley Lee Maryland

18. Funeral director W. C. Mattingly Son  
 Address Leonardtown Md.

19. 6-15-1948 pg. 13 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 48 at 6:15 AM

21. CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 19 48 to June 15 19 48 and that I last saw him alive on June 14 19 48

Immediate cause of death Chronic myocarditis DURATION 6 mos

Due to abscessed tooth

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE E. X. Thompson M. D. or other \_\_\_\_\_

Address Lexington Park Md. Date signed 6/15/48

RECEIVED

JUN 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St Marys  
 City or town Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 14 months  
 Hospital, institution, or street address where death occurred:  
Leonardtown 9 F.D.# 2nd  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

James J. Cooper

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Sara J. Cooper  
 7. Birth date of deceased (mo., day, yr.) Aug 28 - 1862 6. (c) If alive, give age 71 years  
 8. AGE: Years 85 Months 9 Days 20 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hall's Road, St Marys Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business same

12. Name James Cooper  
 13. Birthplace St Marys Co

14. Maiden name Henerette Joy  
 15. Birthplace St Marys Co

16. Informant Carl Cooper  
 Address Leonardtown Md

17. Burial Date thereof June 19 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Albans  
 Location Leonardtown Md

18. Funeral director W C Mattingly Sons  
 Address Leonardtown Md

19. 6/18 48 Cremation  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 48 at 6:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 47 to June 16 19 48  
 and that I last saw him alive on June 16 19 48

Immediate cause of death Cardiovascular disease  
 DURATION 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Francis F. Fennell  
 M. D. or other \_\_\_\_\_

Address Leonardtown Md Date signed 6-17-48

RECEIVED

JUN 19 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

6501

183

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Bush Wood Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Bush Wood Maryland  
 How long in hospital or institution? .....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Marys  
 City or town Bush Wood  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Johnson  
William Farrell

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Martha Louise Farrell

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 27 1899

8. AGE: Years Months Days If less than one day  
48 10 7 .... hrs. .... min.

9. Birthplace Bush Wood St. Marys Maryland  
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business same

12. Name James Edward Farrell

13. Birthplace St. Marys Co

14. Maiden name Marj Eleanor Farrell

15. Birthplace St. Marys Co

16. Informant Mrs. Martha Louise Farrell

Address Bush Wood Maryland

17. Burial Date thereof June 7-1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Secord Heart Cemetery

Location Bush Wood Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Maryland

19. 6/7 48 accident  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1948 at 6:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dead when first seen to 19

and that I last saw him alive on 19

Immediate cause of death

Asphyxia mediate

Due to Drowning mediate

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6/5/48

Where did injury occur? Bush Wood St. Marys Md.  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Wicomico River

Means of Injury Drowning Injured at work? yes

23. SIGNATURE John I. Lane M.D.  
 M. D. or other

Address Leonardtown Md. Date signed 6/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6502

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Rural, Scotland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Rural, Scotland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Silas Gilbert Hooper

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White married

6. (b) Name of husband or wife Edna A. Hooper6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) Sept. 29 - 1886

8. AGE: Years 61 Months 8 Days 24 If less than one day  
 hrs. min.

9. Birthplace Wallville, Calvert, Maryland  
(Town, county, and state)10. Usual occupation Merchant11. Industry or business same12. Name Silas S. Hooper13. Birthplace Calvert Co., Md.14. Maiden name May Allen15. Birthplace Calvert Co., Md.16. Informant Mrs. Edna A. HooperAddress Scotland Maryland17. Burial Date thereof June 26, 1948  
(Burial, cremation, or removal (Which) (month) (day) (year))Cemetery or crematory St. MichaelsLocation Ridge, Maryland18. Funeral director W. C. Mettling & SonsAddress Lionardtown, Md.19. June 24 - 48 19 48  
(Date rec'd by registrar)P. J. Beary, M.D.  
Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1948 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 6 1948 to June 23 1948and that I last saw him alive on June 20 1948

Immediate cause of death

DURATION

Cerebral hemorrhage3 hours

Due to

General arteriosclerosis8 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

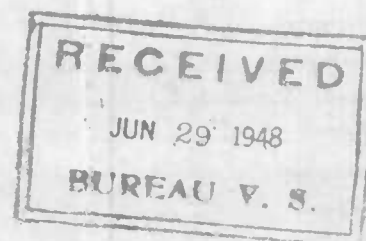
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Beary, M.D.

M. D. or other

Address Great Mills, Md. Date signed 6-24-48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

### 1. PLACE OF DEATH:

County St Marys  
City or town Ridge Maryland  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 38 years  
Hospital, institution, or street address where death occurred:  
Ridge Maryland  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
City or town Ridge (Rural)  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2. (a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Joseph Oliver Lumpkin's

### 3. (b) Social Security Number

4. Sex male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

### 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 19 - 1874 5. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 74 Months 2 Days 15 hrs. \_\_\_\_\_ min.

9. Birthplace Great Mills St Marys Maryland  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business same

12. Name Richard Henry Lumpkin's

13. Birthplace St Marys Co

14. Maiden name Martha E. Dement

15. Birthplace St Marys

16. Informant Cecil Lumpkin's

Address Ridge Maryland

17. Burial, cremation, or removal. Which? Burial Date thereof June 5 - 1948  
(month) (day) (year)

Cemetery or crematory Poplar Hill Cemetery

Location Valley Lee Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Maryland

19. 6 - 3 - 48 (Data rec'd by registrar) 19 48 o.g. Beary Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 48 at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 19 48 to June 2 19 48

and that I last saw him alive on June 1st 19 48

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Cerebral hemorrhage 16 days

Due to arterio sclerosis lyons

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

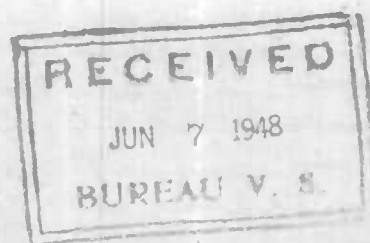
23. SIGNATURE o.g. Beary M.D. M. D. or other \_\_\_\_\_

Address Great Mills, Md. Date signed 6-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 284

6504

93d

## 1. PLACE OF DEATH:

County St. Mary's CountyCity or town Charlotte Hall, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
3 yrs.

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Charlotte Hall, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

LUCIUS ARTHUR Cary Mac Connell

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Rina S.

7. Birth date of deceased (mo., day, yr.)

Dec 17 1862.6. (c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

856

hrs.

min.

9. Birthplace

Ohio  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

MOTHER

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematorium

Location

18. Funeral director

Address

19. Date rec'd by registrar

20. Date of death

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. J. M. alive on

Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 48 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18 19 48 to June 22 19 48and that I last saw h. J. M. alive on June 12 19 48Immediate cause of death Coronary SclerosisHeart Disease (Left Ven-tricular Failure)Duration 6 DAYSDue to Generalized Arterio SclerosisDue to Undeter-MINED

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE John H. Griffin, M.D.Address Hagerstown, Md.Date signed 6/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

6505

74a

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Lionardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 5 days  
 Hospital, institution or street address where death occurred:  
St. Mary's Hospital  
 How long in hospital or institution? 5 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Rural, Pines Point  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Francis Roy McNeal

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife \_\_\_\_\_

## 7. Birth date of deceased (mo., day, yr.)

Sept. 19 1927

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

20817

hrs.

min.

## 9. Birthplace

St. Georges Island, Md.  
(Town, county, and state)

## 10. Usual occupation

Painter

## 11. Industry or business \_\_\_\_\_

## MOTHER FATHER

## 12. Name

Andrew James McNeal

## 13. Birthplace

Robley, Va.

## 14. Maiden name

Lena Libra

## 15. Birthplace

St. Georges Island Md.

## 16. Informant

Andrew J. McNeal

## Address

Pines Point Md.

## 17. (Burial, cremation or removal. Which?)

Burial

## Date thereof

June 7, 1948  
(month) (day) (year)

## Cemetery or

St. Francis Xavier

## Location

St. Georges Island Md.

## 18. Funeral director

W. C. Mathingby Sons

## Address

Lionardtown, Md.

## 19. (Date rec'd by registrar)

June 6 1948P. J. Beary, M.D.  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 41948at 9:30 P.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 261948to June 41948and that I last saw him alive on June 4 1948

## Immediate cause of death

Leucemia

## DURATION

Unknown

## Due to \_\_\_\_\_

## Due to \_\_\_\_\_

## Other conditions

Acute tonsillitis5 days

(Include pregnancy within 3 months of death)

## Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

## Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

## Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

P. J. Beary, M.D.

M. D. or other

## Address

Great Mills Md.Date signed 6/6/48

**RECEIVED**

JUN 8 1948

BUREAU V. S.

Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6506

FILM No. G 116 JUN 21 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's  
City or town Great Mills  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? —  
Hospital, institution, or street address where death occurred: —  
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town Great Mills  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. —  
(If rural, give LOCATION)  
2.(a) If veteran, name war —

3. (a) FULL NAME

Harold S. Comeroy

3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

April 24, 1889

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

59

57

1

14

hrs.

min.

9. Birthplace

Maryland  
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

James S. Comeroy

13. Birthplace

Virginia

14. Maiden name

Mary E. Clements

15. Birthplace

Maryland

16. Informant

Gertrude Laddack

Address

Great Mills, Md.

17. Burial

(Burial, cremation, or removal, which)

Date thereof

6-9-48  
(month) (day) (year)

Cemetery or crematory

Holy Rave

Location

Great Mills

18. Funeral director

G. B. Robinson

Address

Leonardtown

19.

6-8- 19 48  
(Date rec'd by registrar)

P. J. Beane, M.D.  
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1948 at T. A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1946 to June 7, 1948  
and that I last saw him alive on June 5, 1948

Immediate cause of death

Coronary sclerosis

Due to

General arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

P. J. Beane, M.D.

M. D. or other

Address Great Mills, Md. Date signed June 8/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 11 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Marys  
City or town US NAS, Patuxent River, Maryland.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 8 months  
Hospital, institution, or street address where death occurred:  
Chesapeake Bay  
How long in hospital or institution? None

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Mississippi County Perkinston  
City or town Perkinston  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Route #2  
(If rural, give LOCATION)  
2.(a) If veteran, name war World War II

### 3. (a) FULL NAME

RAMSAY, Thomas Wesley

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Myrtle Alchia Ramsay  
6.(c) If alive, give age Not stated years  
7. Birth date of deceased (mo., day, yr.) January 29, 1918  
8. AGE: Years 30 Months 4 Days 26 It less than one day hrs. min.

9. Birthplace Cohay, Mississippi  
(Town, county, and state)

10. Usual occupation U.S. Navy

11. Industry or business

12. Name Inman Wesley Ramsay  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. Informant U.S. Naval Records

17. Cremation Date thereof 8/11/48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cedar Hill  
Location Washington, D.C.

18. Funeral director P. B. Robinson  
Address Leonardtown, Md.

19. 8/11 19 48 Cavalier  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 25 June 19 48 0946 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 24 June 19 48

Immediate cause of death INJURIES, MULTIPLE, EXTREME

Due to Crash of aircraft

Due to

Other conditions Only small fragments of the body, amounting to 18 1/2 lbs. recovered held at Disp. US NAS, Patuxent River, Md. pending completion of salvage operations.  
Major findings of operations

Autopsy results None performed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide accident Date of 6-25-48

Where did injury occur? US NAS, Patuxent River, Md.  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Aircraft accident Injured at work? Yes

23. SIGNATURE R. R. BOMAR, LCDR MC USN M. D. or other

Address NAS, Patuxent River, Md. Date signed 6-25-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

AUG 12 1948

**BUREAU V. S.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

6508

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Compton Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 30 years  
 Hospital, institution, or street address where death occurred:  
Compton Maryland  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Marys  
 City or town Compton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Leonardtown Rd. # 2  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Elysa C. Roberts

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Charles B. Roberts

7. Birth date of deceased (mo., day, yr.) July 22, 1873 6. (c) If alive, give age 76 years

8. AGE: Years 74 Months 10 Days 10 If less than one day hrs. min.

9. Birthplace Flatridge Mason Va.  
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Same

12. Name Fielden Roberts

13. Birthplace Flatridge Va.

14. Maiden name Theresa Perkins

15. Birthplace Flatridge Va.

16. Informant Mr. Charles B. Roberts

Address Compton Maryland

17. Burial Date thereof June 3, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Leonardtown Maryland

18. Funeral director W. C. Matthews Sons

Address Leonardtown Maryland

19. 6/3/48 Caudeus  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1948 at 3:45 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 10 1948 to June 1st 1948

and that I last saw him alive on June 1st 1948

Immediate cause of death Apoplexy Cerebral DURATION 4 days

Due to Arterial Sclerosis 2 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis F. Russell M. D. or other  
 Address Leonardtown Md. Date signed 6-1-48

RECEIVED

JUN 4 1948

BUREAU V. S.